



TN PESTICIDE EXAMINATION REGISTRATION FORM

Be prepared with the following information before you begin the registration process. Read the Candidate Information Bulletin before filling out this registration form. You must provide all information requested and submit the appropriate fee. Registration forms that are incomplete or not accompanied by the proper fee will be returned unprocessed. Examination fees are not refundable or transferable.

Last Name		Full First Name		Full Middle Name	
First four letters of last name; last 4 digits of ss#; and full zip code			Phone Number (including area code)		
Mailing Address					
City		State		Zip Code	
County		Email Address		DOB: Month/Date/Year	

Total Fee: \$25. Pay by credit card, company check, money order or cashier's check, made payable to PSI. Please note your Social Security Number on your check. **Cash and personal checks are not accepted.**

Exam Title	
<input type="checkbox"/> C01 - Agricultural Plant	<input type="checkbox"/> C10 - Demonstration, Research and Regulatory Pest Control
<input type="checkbox"/> C02 - Forest Pest Control	<input type="checkbox"/> C11 - Wood Preservatives
<input type="checkbox"/> C03 - Ornamental and Turf Pest Control	<input type="checkbox"/> C12 - Pesticide Dealer
<input type="checkbox"/> C04 - Seed Treatment	<input type="checkbox"/> C13 - Antifouling Marine Paint
<input type="checkbox"/> C05 - Aquatic Pest Control	<input type="checkbox"/> C14 - Microbial Pest Control
<input type="checkbox"/> C06 - Right-of-Way Pest Control	<input type="checkbox"/> C16 - Sewer Line Treatment
<input type="checkbox"/> C07 - Industrial, Institutional, Structural & Health Related Pest Control	<input type="checkbox"/> LHA - Limited Herbicide Applicator
<input type="checkbox"/> C08 - Public Health Pest Control	<input type="checkbox"/> AER - Aerial

NOTE: EXAMINATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE. THE EXAMINATION FEE IS VALID FOR ONE YEAR FROM THE DATE OF PAYMENT.

If paying by credit card, check one: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card No: _____ Exp. Date: _____

Card Verification No: _____
The card verification number may be located on the back of the card (the last three digits on the signature strip) or on the front of the card (the four digits to the right and above the card account number).

Billing Street Address: _____ Billing Zip Code: _____

Cardholder Name (Print): _____ Signature: _____

If you are registering by mail, email or fax, sign and date this registration form on the lines provided.
Complete and forward this registration form with the applicable examination fee to:

PSI Services LLC * ATTN: Examination Registration - TN PEST
3210 E Tropicana Ave * Las Vegas, NV* 89121
Email examschedule@psionline.com * Fax (702) 932-2666 * (800) 733-9267 * TTY (800) 735-2929 * www.psiexams.com

IMPORTANT: YOU MUST PROVIDE TO TDA PROOF OF \$300,000 INSURANCE PRIOR TO TESTING.

